CommonSpirit

Infusion Therapy Order

Patient Name:_____ Date of Birth:_____

Address:_____ Height: _____ Weight: _____

Phone:_____ Allergies: _____

Primary Diagnosis:_____ ICD-10 Code:_____

Requested Infusion Start Date:_____ Frequency:_____

Infusion Location:_____Duration:_____

Insurance Authorization: _____

Prescriber Information:

Prescriber Name:_____ NPI: _____

Address: _____

Phone: _____ Fax: _____

Prescriber Signature:_____

******Please use a single line and mark through any orders you do not want if it is pre-checked…The Appointment request is required, but make edits to the Interval and Duration as needed…Please add any additional orders on the last page******

SJH NEURO OCRELIZUMAB (OCREVUS)

version 7/9/2024

Appointment Request

		Interval	Defer Until	Duration
☑	**SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (300 MIN)**			
☑	Infusion Appointment Request	Every 14 days	S	2 treatments

Status: Future, Expected: S Approximate, Expires: S+365, Sched. Duration: 300 minutes, Sched. Tolerance: Schedule appointment at most 2 days before or at most 2 days after

Appointment Request (continued)

		Interval	Defer Until	Duration
☑	**SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (300 MIN)**			
☑	Infusion Appointment Request	Every 180 days	S+195	Until discont'd

Status: Future, Expected: S Approximate, Expires: S+365, Sched. Duration: 300 minutes, Sched. Tolerance: Schedule appointment at most 2 days before or at most 2 days after

Nursing Communication

		Interval	Defer Until	Duration
☑	**SJH ONCBCN NURSING COMMUNICATION VITALS 15 / 30 / 30**			
☑	Nursing Communication	Every visit	S	Until discont'd

Vital signs: Pre-Dosing, every 15 minutes for 30 minutes, then every 30 minutes.

☑	**SJH ONCBCN NURSING COMMUNICATION NEURO POST INFUSION OBSERVATION AND DISCHARGE**			
☑	Nursing Communication	Every visit	S	Until discont'd

Observe patient one hour post infusion. Discharge patient to home after discontinuing the peripheral/port IV when infusion observation completed.

Labs

		Interval	Defer Until	Duration
☑	**SJH ONCBCN LAB IGG SUBCLASSES PANEL (SENDOUT)**			
☑	Immunoglobulin G Subclass 4	Once	S	1 treatment

No details available for preview

☑	Immunoglobulin G Subclass 4(SENDOUT)	Once	S	1 treatment

No details available for preview

☑	**SJH ONCBCN LAB VITAMIN D**			
☐	Vitamin D, 25-Hydroxy (Blazer, BOL, Flaget, Mt.Sterling)	Once	S	1 treatment

No details available for preview
Selection Condition: Lab location - SJH Oncology - Not London or Corbin

☐	Vitamin D, 25-Hydroxy (London and Corbin - SENDOUT)	Once	S	1 treatment

No details available for preview
Selection Condition: Lab location - SJH Oncology - Corbin

Labs (continued)

		Interval	Defer Until	Duration
☑	**SJH ONCBCN LAB CMP OR (BMP, HF) LOCATION SPECIFIC RULE**			
☐	Comprehensive metabolic panel	Every 180 days	S	Until discont'd
	No details available for preview Selection Condition: Lab location - SJH Oncology - Not Blazer or Bob-O-Link			
☐	Oncology Basic Metabolic Panel	Every 180 days	S	Until discont'd
	No details available for preview Selection Condition: Lab location - SJH Oncology - Bob-O-Link			
☐	Hepatic function panel	Every 180 days	S	Until discont'd
	No details available for preview Selection Condition: Lab location - SJH Oncology - Blazer			
☑	**SJH ONCBCN LAB TSH**			
☑	TSH	Every 180 days	S	Until discont'd
	No details available for preview			
☑	**SJH ONCBCN LAB CBC AUTO DIFFERENTIAL (OR CBC 3 PART) LOCATION SPECIFIC RULE**			
☐	CBC with Automated Diff	Every 180 days	S	Until discont'd
	No details available for preview Selection Condition: Lab location - SJH Oncology - Not London or Corbin			
☐	CBC Auto Diff 3 Parts	Every 180 days	S	Until discont'd
	No details available for preview Selection Condition: Lab location - SJH Oncology - Corbin			

Flushes

		Interval	Defer Until	Duration
☑	**SJH ONCBCN SODIUM CHLORIDE 0.9% 100 ML/HR - KVO**			
☑	sodium chloride 0.9% (NS) infusion	Every visit	S	Until discont'd
	500 mL, intravenous, at 100 mL/hr, As needed, For primary line., Starting when released, Until Discontinued Infuse at 100 ml/hr for the duration of treatment. May increase or decrease rate as needed.			

Pre-Medications

Pre-Medications (continued)

		Interval	Defer Until	Duration
☑	**SJH ONCBCN PREMED SOLUMEDROL 100 MG**			
☑	methylPREDNISolone (SOLU-MEDROL) injection 100 mg	Every visit	S	Until discont'd
	100 mg, intravenous, Once, Starting at treatment start time Administer 30 minutes prior to infusion.			
☑	**SJH ONCBCN PREMED ACETAMINOPHEN 1000 MG**			
☑	acetaminophen (TYLENOL) tablet 975 mg	Every visit	S	Until discont'd
	1,000 mg, oral, Once, Starting when released Recommended maximum dose of acetaminophen is 4000 mg from all sources in 24 hours. Administer 30 minutes prior to main infusion.			
☑	**SJH ONCBCN PREMED (DIPH 25 IV / DIPH 50 PO / HYDROXYZINE 25 PO)**			
◎	diphenhydrAMINE (BENADRYL) injection 25 mg	Every visit	S	Until discont'd
	25 mg, intravenous, Once, Starting at treatment start time			
◎	diphenhydrAMINE (BENADRYL) capsule 50 mg	Every visit	S	Until discont'd
	50 mg, oral, Once, Starting at treatment start time Administer 30 min prior to main infusion.			
◎	hydrOXYzine (ATARAX) tablet 25 mg	Every visit	S	Until discont'd
	25 mg, oral, Once, Starting at treatment start time Prior to Infusion.			

Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN THERAPY OCRELIZUMAB (OCREVUS) 300 MG**			
☑	ocrelizumab (OCREVUS) 30 mg/mL 300 mg in sodium chloride 0.9% (NS) 250 mL IVPB	Every 14 days	S	2 treatments
	300 mg, intravenous, at 30 mL/hr, Once, Starting 30 minutes after treatment start time *Must be filtered with 0.2 micron filter* First two infusions (300 mg): Initial rate of 30 ml/hr. Increase by 30 ml/hr every 30 minutes to a max rate of 180 ml/hr with a total infusion duration of 2.5 hours or longer. Subsequent infusions (600 mg): Initial rate of 40 ml/hr. Increase by 40 ml/hr every 30 minutes to a max rate of 200 ml/hr with a total infusion duration of 3.5 hours or longer.			
☑	**SJH ONCBCN THERAPY OCRELIZUMAB (OCREVUS) 600 MG**			
☑	ocrelizumab (OCREVUS) 30 mg/mL 600 mg in sodium chloride 0.9% (NS) 500 mL IVPB	Every 180 days	S+195	Until discont'd
	600 mg, intravenous, at 30 mL/hr, Once, Starting 30 minutes after treatment start time *Must be filtered with 0.2 micron filter* First two infusions (300 mg): Initial rate of 30 ml/hr. Increase by 30 ml/hr every 30 minutes to a max rate of 180 ml/hr with a total infusion duration of 2.5 hours or longer. Subsequent infusions (600 mg): Initial rate of 40 ml/hr. Increase by 40 ml/hr every 30 minutes to a max rate of 200 ml/hr with a total infusion duration of 3.5 hours or longer.			

PRN Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN SUPPORTIVE CARE MEDICATION NEURO OCREVUS**			
◎	diphenhydrAMINE (BENADRYL) injection 12.5 mg	PRN	S	Until discont'd
	12.5 mg, intravenous, As needed, rash, hives, pruritus/istamine-cytokine reaction, Starting at treatment start time, Until Discontinued			
◎	diphenhydrAMINE (BENADRYL) capsule 25 mg	PRN	S	Until discont'd
	25 mg, oral, As needed, rash, hives, pruritus/istamine-cytokine reaction, Starting at treatment start time, Until Discontinued Administer 30 min prior to main infusion.			
◎	hydrOXYzine (ATARAX) tablet 25 mg	PRN	S	Until discont'd
	25 mg, oral, As needed, rash, hives, pruritus/istamine-cytokine reaction, Starting at treatment start time, Until Discontinued Prior to Infusion.			

Hypersensitivity Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN HYPERSENSITIVITY MEDS**			
☑	IV/CVAD Line Care	PRN	S	Until discont'd
	Access existing central venous access device or insert peripheral IV as needed. Restart peripheral IV catheter (as needed) for any signs of redness, pain, swelling.			
☑	Deaccess/Discontinue CVAD	PRN	S	Until discont'd
	No details available for preview			
☑	Oxygen Therapy	PRN	S	Until discont'd
	No details available for preview			
☑	sodium chloride 0.9% (NS) infusion	PRN	S	Until discont'd
	1,000 mL, intravenous, at 500 mL/hr, Continuous PRN, Hypersensitivity reaction to chemotherapy, Starting when released, Until Discontinued Initiate infusion at 500 ml/hr. Titrate up to 999ml/hr to maintain SBP greater than 100.			
	Start for any grade of reaction.			
☑	diphenhydrAMINE (BENADRYL) injection 50 mg	PRN	S	Until discont'd
	50 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released Start for any grade of reaction.			
☑	famotidine (PEPCID) injection 20 mg	PRN	S	Until discont'd
	20 mg, intravenous, Once as needed, Hypersensitivity reaction Start for any grade of reaction.			
☑	dexamethasone (DECADRON) injection	PRN	S	Until discont'd

		Interval	Defer Until	Duration
	10 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released Give for Grade II - MODERATE symptoms or Grade III - SEVERE/Anaphylaxis Symptoms			
☑	EPINEPHrine (ADRENALIN) HYPERSENSITIVITY USE injection 1 mg/mL	PRN	S	Until discont'd
	0.3 mg, intraMUSCULAR, Once as needed, Hypersensitivity reaction, Starting when released Do NOT administer via direct IV injection without dilution. Give for Grade III - SEVERE/Anaphylaxis Symptoms.			